

# 2017-18 CALIFORNIA STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

Administered in California by:



2808 East Katella Avenue, Suite 101  
Orange, CA 92867  
(800) 722-3365  
www.PEInsurance.com  
Lic.# 0429928  
Associate Member - CASBO



## ***ACCIDENT INSURANCE PROTECTION PROVIDING:***

**For the Student** - Sound coverage with a selection of plan options

**For the Parent** - Additional financial security in times of increasing medical costs

**For You** - The fulfillment of an administrative service and responsibility

Underwritten & Claims Administered by:

**GTL** | GUARANTEE  
TRUST  
LIFE

Guarantee Trust Life Insurance Company  
PO Box 1148  
Glenview, Illinois 60025  
1-800-622-1993



# ACCIDENT MEDICAL INSURANCE

for all students and athletes

---



**SCHOOL-TIME STUDENT ACCIDENT COVERAGE:** Protects your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Protects your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

**24-HOUR-A-DAY STUDENT ACCIDENT COVERAGE:** Protects your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

**SPORTS ACCIDENT COVERAGE:** Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Student Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 9 through 12 is only covered by the optional Football Only Accident Coverage which requires an additional premium.

**FOOTBALL ONLY ACCIDENT COVERAGE:** Players in Grades 9 through 12 are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle. Only schools applying for and offering the School-Time Student Accident Coverage to ALL students in the school district or systems are eligible to apply for Football Only Accident Coverage.

**EFFECTIVE COVERAGE DATES:** Coverage will be effective on the date of premium receipt by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials, or the official first day of school, whichever is later. Coverage can pre-date the official first day of school for students who are participating in pre-school practice for interscholastic sports. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions. Other aspects of coverage will not commence until the official first day of school.

Football Only Accident Coverage begins on the first day of scheduled football practice, provided the list of players to be insured is submitted to GTL, or its representative, within three days after the date of the first practice, but not prior to the first official date of practice. Coverage for additional players is effective subject to receipt of premium the day AFTER the postmark on the return envelope. Coverage continues through the date of the last official game of the current season, including playoffs.

**EXCESS PROVISION:** All Covered Charges over \$500 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. GTL will pay the first \$500 in Covered Charges regardless of other insurance.

**EXCLUSIONS:** The Policy does not provide benefits for: 1. Treatment, services or supplies which: Are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the School or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; 2. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not; 3. Injury covered by Worker's Compensation or the Occupational Disease Law; 4. Hernia or slipped femoral capital epiphysis; 5. Injury sustained fighting or brawling, except as an innocent victim; 6. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke; 7. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; 8. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- or three- or four- wheeled recreational motor/engine driven vehicle or snowmobile or all-terrain vehicle (ATV); 9. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

Blanket Accident insurance is issued on Form Series GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the School and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

# 2017-18 POLICY BENEFITS

<b>The 1st \$500.00 of covered expense will be paid regardless of any other insurance.</b>			
If the Insured receives treatment by a Doctor or other provider covered by the Policy because of Injury, GTL will pay for expenses as listed below for any one covered Accident. Covered medical expense must begin within 120 days of the Accident and be incurred within 52 weeks of the first medical or Hospital treatment. Covered expenses may not exceed the Reasonable and Customary expense for services, supplies and treatments normally charged within the state in which the expenses were incurred.			
<b>MAXIMUM BENEFIT AMOUNTS, PER INJURY</b>		<b>HIGH OPTION</b>	<b>LOW OPTION</b>
School-Time .....		<b>\$50,000</b>	<b>\$25,000</b>
24-Hour .....		<b>\$50,000</b>	<b>\$50,000</b>
Football Only .....		<b>\$25,000</b>	<b>\$25,000</b>
<b>HOSPITAL ROOM &amp; BOARD AND GENERAL NURSING CARE</b>		<b>Up to the semi-private room rate</b>	<b>Up to \$300/day</b>
<b>INTENSIVE CARE</b>		<b>Up to \$1,200/day</b>	<b>Up to \$600/day</b>
<b>HOSPITAL MISCELLANEOUS EXPENSE</b>	During Hospital confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies	<b>Up to \$3,000</b>	<b>Up to \$1,500</b>
<b>HOSPITAL EMERGENCY CARE</b>		<b>Up to \$300</b>	<b>Up to \$150</b>
<b>DOCTOR'S FEES FOR SURGERY</b>	In accordance with the surgical schedule	<b>\$270 unit value</b>	<b>\$175 unit value</b>
<b>ANESTHESIA SERVICES</b>	Percent of surgical fee	<b>25%</b>	<b>25%</b>
<b>ASSISTANT SURGEON</b>	Percent of surgeon's fee	<b>25%</b>	<b>25%</b>
<b>DOCTOR'S VISITS</b>	Including Physical Therapy, limited to one visit per day; does not apply when related to surgery; Physical Therapy is limited to 9 visits: <b>First Visit</b> <b>Subsequent Visits</b>	<b>Up to \$120</b> <b>Up to \$60</b>	<b>Up to \$60</b> <b>Up to \$30</b>
<b>CASTS, NON-SURGICAL</b>		<b>Up to \$100</b>	<b>Up to \$50</b>
<b>OUTPATIENT IMAGING PROCEDURES</b>	Including X-rays and Interpretation: <b>Fracture or Dislocation</b> <b>No Fracture or Dislocation</b> <b>MRI/CAT scan</b>	<b>Up to \$500</b> <b>Up to \$100</b> <b>Up to \$900</b>	<b>Up to \$250</b> <b>Up to \$50</b> <b>Up to \$500</b>
<b>ORTHOPEDIC APPLIANCES</b>	Including braces and crutches	<b>Up to \$100</b>	<b>Up to \$50</b>
<b>AMBULANCE EXPENSE</b>		<b>100% of R&amp;C</b>	<b>Up to \$250</b>
<b>PRESCRIPTION DRUGS</b>		<b>100% of R&amp;C</b>	<b>Up to \$50</b>
<b>EYEGLOSS REPLACEMENT EXPENSE</b>	For broken eyeglasses or lenses resulting from an Injury requiring medical treatment	<b>Up to \$150</b>	<b>Up to \$100</b>
<b>RE-AGGRAVATION OR REINJURY OF A PRE-EXISTING CONDITION</b>		<b>Up to \$500</b>	<b>Up to \$500</b>
<b>DENTAL TREATMENT</b>	For Injury to Teeth, per tooth	<b>Up to \$300</b>	<b>Up to \$150</b>
<b>ACCIDENTAL DEATH</b>	Caused by an Injury and occurring within 365 days of covered Accident*	<b>\$5,000.00</b>	<b>\$5,000.00</b>
<b>DISMEMBERMENT</b>	Caused by an Injury and occurring within 365 days of covered Accident*: One hand, foot or eye Both hands, feet or eyes	<b>\$5,000.00</b> <b>\$10,000.00</b>	<b>\$5,000.00</b> <b>\$10,000.00</b>

\*Only one of the amounts named above, the largest, will be paid for loss resulting from any one Accident. Loss shall mean in regard to hand or hands or foot or feet, actual severance at or above wrist or wrists, or ankle joint, and loss of sight of eye or eyes shall mean the total, permanent loss of the eye.

### EXTENDED DENTAL BENEFIT OPTION

For an additional premium the dental treatment benefit will be increased to pay all Reasonable and Customary charges for: examination, diagnoses and x-ray; restorative treatment; endodontics; and oral surgery (not to include periodontics or orthodontics); up to \$250 for dental prostheses toward the cost of a bridge, partial denture or denture, or for replacement in kind of previous dental repairs. If during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, GTL will pay up to a maximum of \$100 in lieu of all other dental benefits.

## PREMIUM RATES

**Single one-time payment — No refunds are available**

<u>SCHOOL-TIME STUDENT ACCIDENT COVERAGE</u>	<u>High Option</u>	<u>Low Option</u>
Grades P-8 .....	\$ 25.00 .....	\$ 11.00
Grades 9-12 .....	\$ 54.00 .....	\$ 24.00
 <b><u>24-HOUR STUDENT ACCIDENT COVERAGE</u></b>		
Grades P-8 .....	\$161.00 .....	\$ 75.00
Grades 9-12 .....	\$192.00 .....	\$ 92.00
 <b><u>FOOTBALL ONLY ACCIDENT COVERAGE — Per Player</u></b>		
Grade 9 .....	\$ 80.00 .....	\$ 36.00
Grades 10-12 .....	\$177.00 .....	\$ 84.00
<b><u>EXTENDED DENTAL BENEFIT OPTION</u></b> .....	\$ 6.00 .....	\$ 6.00

**ALL SCHOOL PLAN — Covers all students under the School-Time “Low Option” plan.**

Grades P-12, School-Time Coverage: \$11.00 per student x total enrollment  
 Grades P-12, 24-Hour Coverage: \$54.00 per student x total enrollment  
 Elementary Districts Only, without tackle football participation: \$7.00 per student x total enrollment  
 High School Districts (Grades 9-12) Only: \$15.00 per student x total enrollment  
 Football Only Coverage (High School): \$3,450.00 per high school per season

*Other blanket type coverages are available, please call (800) 722-3365 for details.*

**FREE COVERAGE TO THE DISTRICT**

The following Other Accident coverages may be provided to your district in consideration of your district's diligent efforts to distribute the Voluntary Student Accident Coverage materials to the parent/guardians of every student in the district and acceptance of a proper system of written waivers of student insurance. These coverages are designed to assist compliance with California Education Code where applicable.

**INTERSCHOLASTIC SPORTS OVERSIGHT COVERAGE -** We cover injuries to your district's interscholastic athletes who: 1) did not purchase student Accident insurance because district personnel failed to provide the student Accident insurance to the injured athletes as required by the California Education Code and 2) did not file a Waiver of Student Insurance, and 3) participated in interscholastic athletics without coverage. Benefits are payable under the "Low Option" plan up to a maximum of \$1,500.

**NON-COMPETING PARTICIPANTS COVERAGE -** Students will be covered while traveling in a Designated Vehicle to and from athletic events for non-competitive activities associated with the events, e.g., members of school bands, cheerleaders, pompom girls and team managers. Benefits are payable under the "High Option" plan up to a maximum of \$1,500.

**ONE-DAY FIELD TRIP COVERAGE -** We cover accidents which occur while your students are participating in school-sponsored and directly supervised one-day field trips. A bona fide "field trip", is when the school district is fully responsible for the students while they are participating in the trip. Benefits are payable under the "High Option" plan up to a maximum of \$1,500.

**OPTIONAL COVERAGE TO THE DISTRICT**

The following Other Accident coverages are available to the district for an additional premium.

**ELEMENTARY COMPETITORS COVERAGE -** We will cover students who participate in school sponsored and supervised interscholastic sports. No coverage is provided for tackle football. Coverage includes interscholastic sports contests, including school furnished transportation in a Designated Vehicle to practice and contests. Benefits are payable under the "Low Option" plan to a maximum of \$1,500. Grades K-8: Rate \$1.50 per student. All players must be covered. Minimum Premium \$50.00.

**POWDER PUFF FOOTBALL -** Benefits are payable under the "Low Option" plan, up to the \$25,000 maximum. All participants must be covered. The rate is \$2.00 per student. Minimum Premium \$50.00.

**TRAVEL ACCIDENT COVERAGE -** This is a per trip coverage for school district sponsored trips on a twenty-four hour basis. Benefits are payable under the "Low Option" plan to a maximum of \$25,000. This coverage is provided for students and chaperones at a per person rate of \$3.00 per day for snowskiing; and a per person rate of \$1.00 per day for all other trips. Minimum Premium per trip \$50.00.

**INTERSCHOLASTIC TACKLE FOOTBALL "TRY-OUT" ACCIDENT INSURANCE PLAN -** Covers injuries caused by accidents during practice for high school interscholastic football. Also covers injuries caused by accidents occurring while traveling in a Designated Vehicle to and from practice. Coverage commences the first official day of practice, terminating fourteen (14) days later. Benefits are payable under the "Low Option" plan up to \$1,500 per Injury. The rate is \$5.00 per player. All players must be covered. Please see application request for enrollment.

**INSTALLATION PROCEDURES**

1. Complete Application as soon as possible, indicating plan desired, and forward to Pacific Educators, Inc. This will serve as a requisition for your supplies and will authorize the issuance of your Policy and assignments of its effective date.
2. Distribute the enrollment forms to each student. Ask them to take the envelope home for their parents consideration and return to Pacific Educators with payment.
3. We provide training for the athletic director and a computer listing of all your students who have purchased the coverage. Listings include names, grade, effective date and type of coverage, for ease of administration at claim time.
4. Brochures are packaged by school and delivered when and where requested. Return envelopes come directly to us, alleviating any inconvenience to the district.
5. No listing of names required for 100% all-school plans.
6. Any eligible student may enroll at any time by submitting the appropriate total premium in a completed enrollment form to Pacific Educators.
7. For claims inquiries, an "800" number is provided.